

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Sherry Jean Satterfield

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

THE CITY OF NEW YORK LAKI DEPARTMENT

Samuel Wright, Stacey Barnett, Dashawn Jones

Frances Waldron, Doris Page, Robin Morris
P.O. Olachea, P.O. Michael Anderson

Local 237
Gregory Floyd and Felicia Canon

(In the space above enter the full name(s) of the defendant(s).
If you cannot fit the names of all of the defendants in the space
provided, please write "see attached" in the space above and
attach an additional sheet of paper with the full list of names.
Typically, the company or organization named in your charge
to the Equal Employment Opportunity Commission should be
named as a defendant. Addresses should not be included here.)

16CV-5769
COMPLAINT
FOR EMPLOYMENT
DISCRIMINATION

Jury Trial: Yes No

(check one)

SDNY PROSEC. OFFICE
RECEIVED

JUL 19 PH 12:47
SD. OF N.Y.

This action is brought for discrimination in employment pursuant to: (check only those that apply)

✓

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

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Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.

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Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

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New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

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New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).

I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Sherry Satterfield
 Street Address 1809 Amsterdam Avenue, Apt #3D
 County, City NEW YORK
 State & Zip Code NY 10031
 Telephone Number (212)368-5496

B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name THE CITY OF NEW YORK Law Department
 Street Address 100 Church Street
 County, City NEW YORK
 State & Zip Code NY 10007
 Telephone Number See attachment

C. The address at which I sought employment or was employed by the defendant(s) is:

Employer NYC Police Academy
 Street Address 235 East 20th STREET
 County, City NEW YORK
 State & Zip Code NY 10003
 Telephone Number _____

II. Statement of Claim:

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

Failure to hire me.
 Termination of my employment.
 Failure to promote me.
 Failure to accommodate my disability.
 Unequal terms and conditions of my employment.

Retaliation.

Other acts (specify): _____

Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

B. It is my best recollection that the alleged discriminatory acts occurred on: _____
Date(s)

C. I believe that defendant(s) (check one):

is still committing these acts against me.

is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

race _____

color _____

gender/sex _____

religion _____

national origin _____

age. My date of birth is _____ (Give your date of birth only if you are asserting a claim of age discrimination.)

disability or perceived disability, _____ (specify)

E. The facts of my case are as follow (attach additional sheets as necessary):

I was injury on my job instead of my employer following the proper guideline when someone is injury. I was not given the proper first aid treatment at time of injury. I was fired because I stood up for myself. I know if I was of the white race this would not have happen. Due to fact I was fired I cannot work for any city agency.

Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: August 2015 (Date).

B. The Equal Employment Opportunity Commission (*check one*):

has not issued a Notice of Right to Sue letter.
 issued a Notice of Right to Sue letter, which I received on June 10, 2016 (*Date*).

Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

60 days or more have elapsed.
 less than 60 days have elapsed.

IV. Relief:

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows: *I am seeking 10 million in relief because lost income and future income. The abuse I suffer from my employer act bullying*
(Describe relief sought, including amount of damages, if any, and the basis for such relief.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of July, 2016.

Signature of Plaintiff

Address

Telephone Number

Fax Number (*if you have one*)

Page (2) Attachment

I. Parties in this complaint:

B. Defendants: Which are from The City of New York Law Department are Samuel Wright, Stacey Barnett, Dashawn Jones, Doris Page, Robin Morris, Police Officer Olachea, and Police Michael Anderson.

Which are from Local 237 at 216 West 14th, New York, NY 1001 are Gregory Floyd, and Felicia Canon .

DISMISSAL AND NOTICE OF RIGHTS

To: **Sherry Satterfield**
1809 Amsterdam Avenue Apt. 3D
New York, NY 10031

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

16G-2015-04271

EEOC Representative

Holly M. Woodyard,
State & Local Program Manager

Telephone No.

(212) 336-3643

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

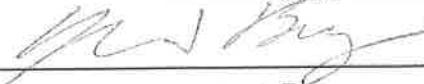
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Enclosures(s)

Kevin J. Berry,
District Director

JUN 10 2016

(Date Mailed)

cc:

CITY OF NEW YORK, LAW DEPARTMENT
100 Church Street, Room 2-188
New York, NY 10007
Attn: Director of Human Resources

REPORT NUMBER: WINR0146

[P]

EFFECTIVE DATE OF BUDGET: 10/01/15

CASE NUMBER: 00001538844A

SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION
Case 1:16-cv-05769-CM Document 2 Filed 07/19/16 Page 7 of 9
LOCAL OFFICE: 035 WORKER: 00201 CASE NAME: SATTERFIELD SHERRY

REPORT DATE: 07/14/16

PAGE: 1

NEEDS RESTR	185% TEST & POVERTY LEVEL TEST AMOUNT	D. GROSS	EARNED INCOME .00	ALLOWED
PRE ADDED ALLOWANCE	79.00			
1. SHELTER	29.00	STANDARD DEDUCTION	.00	.00
ENERGY	7.05	50% DEDUCTION	.00	.00
ENERGY SUPPLEMENT	5.50	CHILD CARE	.00	.00
WATER	.00	\$15 EXEMPTION	.00	.00
FUEL	.00	1/3 EXEMPTION	.00	.00
PREGNANCY ALLOWANCE	.00	OTHER DEDUCTIONS (INCLUDES PRORATA REDUCTION AMT)	.00	.00
HOME DELIVERED MEALS	.00	E. TOTAL DEDUCTIONS	.00	.00
RESTAURANT ALLOWANCE	.00	F. NET EARNED INCOME	.00	.00
OTHER NEEDS	.00			
A. TOTAL NEEDS FOR 185% TEST	120.55		UNEARNED INCOME	
185% X TOTAL NEEDS	223.02	SOURCE		AMOUNT
TOTAL EARNED + UNEARNED FOR 185% TEST	.00			.00
POVERTY LEVEL TEST	490.42			.00
TOTAL INCOME FOR POVERTY LEVEL TEST	.00	G. TOTAL UNEARNED INCOME UNEARNED INCOME DEDUCTION (INCLUDES PRORATA REDUCTION AMT)	.00	.00
NEEDS REDUCTION DUE TO IVD SANCTION	.00	H. NET UNEARNED INCOME	.00	.00
B. TOTAL NEEDS FOR NET INCOME TEST	120.50	I. TOTAL INCOME (F + H)	.00	.00
NEEDS REDUCTION DUE TO PRORATA SANCTION	.00	C. TOTAL NEEDS	120.50	PA GRANT CALCULATION
C. TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION	120.50	I. TOTAL INCOME	.00	
OTHER ALLOWANCES		J. BUDGET DEFICIT	120.50	
REFRIGERATOR RENTAL ALLOWANCE	.00	K. RECOUPMENT AMOUNT	12.05	
		L. SEMI-MONTHLY PA GRANT	108.45	

ESTE REPORTE SERA TAMBIE EN ESPANOL
BUDGET NUMBER: (BASIS)

NOTE: AMOUNTS SHOWN IN ITEMS (A) AND (J) ABOVE HAVE BEEN ROUNDED DOWN.

BUDGET CALCULATION

A. INCOME		E. SHELTER COSTS	
1. SEMI-MONTHLY GROSS EARNED INCOME	.00	20. S/M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD	29.00
2. NET S/M INCOME FROM BOARDER/LODGER	.00	21. S/M COMBINED UTILITY/PHONE STANDARD	.00
3. TOTAL S/M INCOME (LINE 1 + 2)	.00	22. S/M COMBINED HEAT/UTILITY/PHONE STANDARD	384.00
4. S/M PA GRANT	120.50	23. S/M PHONE STANDARD	.00
5. TOTAL S/M PA RECOUPMENT	12.05	24. OTHER S/M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC.	.00
6. NET S/M PA GRANT (LINE 4 MINUS 5)	108.45	25. LINES 20 + 21 + 22 + 23 + 24	E. 413.00
7. GROSS S/M OTHER UNEARNED INCOME	.00	F. EXCESS SHELTER DEDUCTIONS	
8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7)	108.45	26. TOTAL SHELTER COST, E	413.00
9. S/M GROUP HOME EXCLUSION	.00	27. 1/2 OF ADJUSTED INCOME, D	15.48
10. S/M CHILD SUPPORT EXCLUSION	.00	28. EXCESS SHELTER COSTS. (LINES 26 MINUS 27) IF 26 IS LESS THAN 27, ZERO WILL APPEAR.	397.53
11. LINES 3 + 8 LESS LINES 9 + 10	A. 108.45	29. MAXIMUM SHELTER DEDUCTION FOR AGED/DISABLED, AMOUNT FROM LINE 28, FOR ALL OTHERS, ACTUAL OR STANDARD, 252.00, WHICHEVER IS LESS.	F. 252.00
B. 130% STANDARD SEMI-MONTHLY	B. 638.00	30. SEMI-MONTHLY SNAP NET INCOME	30.95
C. DEDUCTIONS		31. D. ADJUSTED INCOME	
12. 20% OF LINE 3	.00	32. E. EXCESS SHELTER DEDUCTION	252.00
13. STANDARD DEDUCTION	77.50	33. S/M NET SNAP INCOME. (LINE 30 MINUS 31)	G. .00
14. ALLOWABLE SEMI-MONTHLY CHILD-CARE/ DEPENDENT CARE COSTS	.00	H. MONTHLY SNAP NET INCOME	
15. ALLOWABLE S/M MEDICAL DEDUCTIONS	.00	33. MULTIPLY AMOUNT IN 32 X 2	H. .00
16. CHILD SUPPORT DEDUCTIONS	.00	I. BENEFIT ENTITLEMENT	194.00
17. HOMELESS SHELTER DEDUCTION	.00	34. BENEFIT	
18. LINES 12 + 13 + 14 + 15 + 16 + 17	C. 77.50	35. MONTHLY SNAP RECOUPMENT	.00
D. ADJUSTED INCOME	D. 30.95	36. ADJUSTED BENEFIT AMOUNT (LINE 34 MINUS 35)	I. 194.00
19. A MINUS C			

ESTE REPORTE SERA TAMBien DISPONIBLE EN ESPANOL

BUDGET NUMBER: (BASIS)

FEDERAL SNAP: 194.00 STATE SNAP: .00

Next case $\#$

CMD 7